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Harvard Pilgrim  
Health Care

**Helping  
you get the  
most out of  
your health  
insurance.**

**Learn about your benefits.**

Enrollment Materials





## Welcome to Harvard Pilgrim!

Health insurance can be complicated. At Harvard Pilgrim, we're here to guide you on understanding your plan, getting the most value from your benefits and finding ways to better health.

This kit contains everything you need to help you understand your benefits and the programs, tools and services available to you as a Harvard Pilgrim member.

### Get started with your plan

**After you enroll, be sure to:**

- 1 Register for your member account at [www.harvardpilgrim.org](http://www.harvardpilgrim.org)
- 2 Get your electronic ID card
- 3 Confirm that your providers are in your plan's network before your next appointment
- 4 Check to see how your prescriptions are covered

Note: Not all employer-sponsored plans include Harvard Pilgrim prescription drug benefits.

# Understand your plan

**Review what's inside this kit to learn more about:**



## Your medical benefits

High-quality coverage for a range of services, including preventive care, office visits, medical emergencies, hospitalization and more.



## Prescription drug benefits

Access to a broad range of safe, effective medications.\*



## Extras that help you make the most of your plan

Tools that help you compare costs for hundreds of medical treatments. Discounts on products and services that help you lead a healthy lifestyle. Personal health coaching and guidance to help you achieve your wellness goals.

## All the information you need, all in one place

Your online member account is your go-to place for all your member benefits and information. Access plan benefits, claims status, your personal health information and more at

[www.harvardpilgrim.org](http://www.harvardpilgrim.org).

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Let Harvard Pilgrim  
guide you to a happier,  
healthier place.

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\*Not all employer-sponsored plans include Harvard Pilgrim prescription drug benefits.





# New plan. New benefits. Lots of questions?

Harvard Pilgrim welcomes you as a new member.

We want to make your switch to Harvard Pilgrim as easy as possible.  
Know that we are here to help and support you every step of the way!

## You're switching to a new health plan, and maybe you want to know:



How soon do you  
get your ID card?



How can you confirm  
coverage for an upcoming  
appointment or procedure?



How will your  
medications will  
be covered?

## Harvard Pilgrim SmartStart will guide you through this change.

### Talk to us!



Contact us at  
**SmartStart@harvardpilgrim.org**  
or call **(866) 874-0817** for answers  
to your questions.

We'll be happy to talk with you about  
your new benefits and put you in touch  
with clinical experts to discuss your  
medical concerns.

### Get set up online.



Visit **www.harvardpilgrim.org**  
to set up your member account.

Use our New Member Welcome Guide to:

- **Verify** your contact information
- **Select** or change primary care providers
- **View** and print your Harvard Pilgrim ID card
- **Answer** a brief health questionnaire (responses will not affect coverage)





Harvard Pilgrim  
HealthCare

**HMO**

# A guide to your medical coverage



# Getting care with the HMO plan

With this plan, you will need to receive care from medical professionals and hospitals that participate in Harvard Pilgrim's provider network, except in a medical emergency. Otherwise, you will be responsible for paying all charges.

## Routine and preventive care\*

There's no extra charge for routine annual exams with your PCP and many preventive tests and services. Other tests and services your PCP orders may require cost sharing.

## Specialty care

You will need your PCP's referral before your plan will cover most kinds of specialty care (e.g., dermatology, physical therapy, etc.). Certain types of visits (e.g., routine eye exams and OB-GYN care) do not require referrals.

## Behavioral health care\*\*

Your plan covers in-person visits with thousands of participating licensed clinicians; you do not need a referral. Virtual visits via smartphone, tablet or computer are also available.

## Hospital care

You will need a referral from your PCP or specialist for any tests, surgery or treatment you receive at a participating hospital, except in a medical emergency. If you are admitted to the hospital from the emergency room, call your PCP to arrange for any follow-up care you may need.

## Care when you're traveling

Your plan covers emergency care if you get sick or injured anywhere in the world.





## Acupuncture and chiropractic treatments

Acupuncture and chiropractic benefits are included without referrals on most plans.

## Urgent and emergency care

If you have a non-life-threatening illness or injury and your doctor's office is closed, you have a variety of options for getting care. Of course, if you think you're having a medical emergency, go to the emergency room or call 911.

### Commonly treated conditions

	<b>Virtual visits</b> Real-time virtual visit with providers via smartphone, tablet or computer	Non-life-threatening illnesses and injuries (coughs/ colds, sore/strep throat, nausea/diarrhea, etc.)	\$
	<b>Convenience care/retail clinic</b> Walk-in, convenience care or retail clinics	Minor illnesses and infections (bronchitis, strep throat, ear & eye infections, etc.)	\$\$
	<b>Urgent care center</b> Walk-in clinic for urgent care	Minor illnesses, injuries and infections (burns, bites, colds & flu, sprains & strains, etc.)	\$\$\$
	<b>Emergency room (ER)</b> Part of a hospital that provides immediate treatment for life-threatening illnesses and injuries	Medical emergencies (heart attack, stroke, choking, loss of consciousness, seizures, etc.)	\$\$\$\$

Visit [www.harvardpilgrim.org/urgentcareoptions](http://www.harvardpilgrim.org/urgentcareoptions) for more information about these options.

\*Preventive services that fall under the federal Affordable Care Act.

\*\*Not all employer-sponsored plans offer behavioral health benefits through Harvard Pilgrim.

# How the HMO plan works

This plan gives you access to Harvard Pilgrim's full New England network of providers and hospitals.

## Features



**PCP required**



**Referrals needed  
for most specialists**



**In-network coverage only**



**Copayments for  
most office visits**

### A primary care provider is key to good health

A primary care provider (PCP) is the doctor, nurse practitioner or other qualified medical professional you see for annual check-ups and for treatment when you're sick or injured.

Because this plan requires you to have a PCP, we will assign one to you automatically if we don't have one on file for you or if you don't let us know who it is when you enroll.

You and each of your dependents can choose different PCPs from our network of participating providers.

### Your PCP's role

- Provides preventive and routine medical care
- Refers you to participating medical specialists, when needed
- Knows your health history and educates you about healthy lifestyle choices



### Two ways to find a PCP:

Find a PCP or see if your current provider is in our network.



Visit

[www.harvardpilgrim.org/providerdirectory](http://www.harvardpilgrim.org/providerdirectory)



Call us:

Already a member:

**(888) 333-4742**

Not yet a member:

**(866) 874-0817**

TTY: **711**

# Once you're a member

Register for your member account at [www.harvardpilgrim.org](http://www.harvardpilgrim.org):

- Look up the details of your plan.
- Compare costs for tests and procedures.
- Explore different health topics and ways to be well.
- Check out ways to save with discounts on eyewear, reimbursement for fitness programs and more!



**Harvard Pilgrim  
Health Care**

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

## Need help?

Already a member: **(888) 333-4742**

Not yet a member: **(866) 874-0817**

TTY: **711**



## HMO

# What you pay for services

Cost sharing is the portion you pay for specific services like office visits, X-rays and prescriptions.\* Copayments, deductibles and coinsurance are examples of cost sharing.

**Coinsurance:** A fixed percentage of costs you pay for covered services. For example, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid your full annual deductible.

**Copayment:** A flat dollar amount you pay for certain services on your plan. You may have different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due when you have your appointment or pick up prescriptions at the pharmacy.

**Deductible:** A set amount of money you pay out of your own pocket for certain covered services. If you have a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. Copayments and coinsurance do not count toward your deductible.

**Out-of-pocket maximum:** A limit on the total amount of cost sharing you pay annually for covered services. This generally includes copayments, deductibles and coinsurance. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.



\*Not all employer-sponsored plans offer Harvard Pilgrim prescription drug benefits.

See the **Schedule of Benefits** for more details  
on your coverage and cost-sharing amounts.



## HMO



## What your HMO plan covers

Here's how your plan covers some common services.

### No cost sharing—Routine & preventive care\*

- Annual checkup with your PCP
- Preventive screenings and tests
- Immunizations, including flu shots
- Routine pre-natal and post-partum visits

### Cost sharing may apply—PCP and specialist visits, diagnostic tests & services, hospital services

- Visits to your provider when you're sick or injured
- Diagnostic screenings and tests outside of preventive care
- X-rays, CT scans and MRIs
- Inpatient and outpatient hospital care
- Emergency room visits

\*Preventive services that fall under the federal Affordable Care Act.

**See the [Schedule of Benefits](#) for more details on your coverage and cost-sharing amounts.**

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



Harvard Pilgrim  
Health Care

# Your guide to prescription drug coverage

Premium 3-Tier



# Our 3-tier prescription drug plan helps you get the most from your coverage.



**Fact:** Generic and brand-name drugs contain the same active ingredients.

All covered medications fall into one of three tiers.



TIER 1

**Generic drugs and selected brand-name drugs**



TIER 2

**Brand-name drugs without generic equivalents and some high-cost generic drugs**



TIER 3

**Drugs not in Tier 1 or Tier 2**





# Which tier is my drug in?

For the most up-to-date information, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” to find out how your drugs are covered.

## Do drugs ever change tiers?

The short answer—sometimes. The prescription drug market is rapidly changing with drug costs constantly rising. When drugs do change tiers, it usually happens in January of each year. We’ll let you know in the fall about any upcoming changes to our prescription drug program.

## Your drug coverage

### What drugs are covered?

- Most generic drugs
- Brand-name drugs without generic equivalents
- Some non-prescription items

### What drugs aren’t covered?

- Brand-name drugs with generic equivalents
- Cosmetic drugs
- Some brand-name and higher-cost generic drugs

### Are there limitations on certain drugs?

Yes, we may limit the quantity of some drugs we cover. For example, you may be able to receive only a certain number of pills or doses.

### Do some drugs require prior authorization?

Yes, certain drugs do require prior authorization. This process helps us ensure that you are using the most effective and safe medications for your health conditions. Your prescriber must request prior authorization on your behalf.

### What is step therapy?

Step therapy is a process that requires you to first try one drug for a medical condition before we cover another drug for that condition.

For example, if Drug A and Drug B both treat the same medical condition, we may require you to try Drug A first. If Drug A does not work, then we will cover Drug B. If you did not try Drug A first, then prior authorization would be required for Drug B.

### Can I request an exception?

Yes. If you need a drug that we either don’t cover or limit, you or your provider can ask us for an exception. For details, visit [harvardpilgrim.org/rx](http://harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” for information on exceptions.

### How can I learn more?

Use our online Prescription Drug List to find out which drugs we cover. It will show you which ones have quantity limits or require prior authorization or step therapy. Visit [harvardpilgrim.org/rx](http://harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” to find out how your drugs are covered.

# Filling your prescriptions

## Where can I get my prescriptions filled?

You can get your prescriptions filled at any of 65,000 retail pharmacies that belong to our national participating pharmacy network. To confirm whether your local pharmacy is in the network, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then "Premium 3-Tier" to find participating pharmacies.

## Can I get a 90-day supply?

If you take maintenance medications (i.e., ones you take continually for conditions such as heart disease, diabetes or depression), you can get a 90-day supply from many retail pharmacies or through our mail order program. To learn more about these options, visit [harvardpilgrim.org/rx](http://harvardpilgrim.org/rx). Choose the year and then "Premium 3-Tier" for details. Depending on your coverage, your cost sharing may be lower when you get these drugs through the mail order program or at retail pharmacies in Maine.

## What if I take specialty medications?

If you take medications for conditions such as hepatitis C, multiple sclerosis or rheumatoid arthritis, your provider must order your prescriptions through our designated specialty pharmacy. Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx) for information on our specialty pharmacy program. Choose the year and then "Premium 3-Tier" for details.



## Questions?

If you have questions about your prescription drugs, please speak with your doctor.

To learn more about Harvard Pilgrim's pharmacy program:



Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx)



Call

**Already a member?** (888) 333-4742

**Not yet a member?** (800) 848-9995

TTY: 711

# What do I pay for my medications?

Depending on your plan, your payments—also called “cost sharing”—may include a combination of copayments, coinsurance and a deductible. Refer to the Prescription Drug Coverage insert or Schedule of Benefits to find out what you will pay when you pick up prescriptions at the pharmacy.

**Copayment** – A fixed dollar amount you pay for a prescription. Your copayment is typically different for each tier. Each copayment covers an individual prescription up to a 30-day supply or one refill.

**Coinsurance** – A fixed percentage of costs that you pay for medication. Each tier may have a different cost percentage. Your coinsurance charge will be calculated using the lower of the pharmacy’s retail price or Harvard Pilgrim’s discount price for the drugs.

**Deductible** – Depending on your plan, a set amount of money you pay out of your own pocket for medical services and/or prescriptions. If your prescriptions fall under a deductible, you will pay the lower of the pharmacy’s retail price or Harvard Pilgrim’s discount price for the drugs.

**Out-of-pocket maximum** – A limit on the total amount you pay for a year in copayments, coinsurance and deductibles. Your plan may include an out-of-pocket maximum for prescription drugs. Find out in the Prescription Drug Coverage insert or Schedule of Benefits.





# Welcome to OptumRx home delivery





Once your coverage begins:

## Where can I fill my prescriptions?



### OptumRx home delivery

Order a 90-day supply of the medication you take regularly for less, depending on your plan. There's no charge for standard shipping to U.S. addresses.



Set up home delivery online, with the app or by calling OptumRx.

Please have the following items ready:

- Your doctor's contact information
- Names and strength of current medications
- Payment information



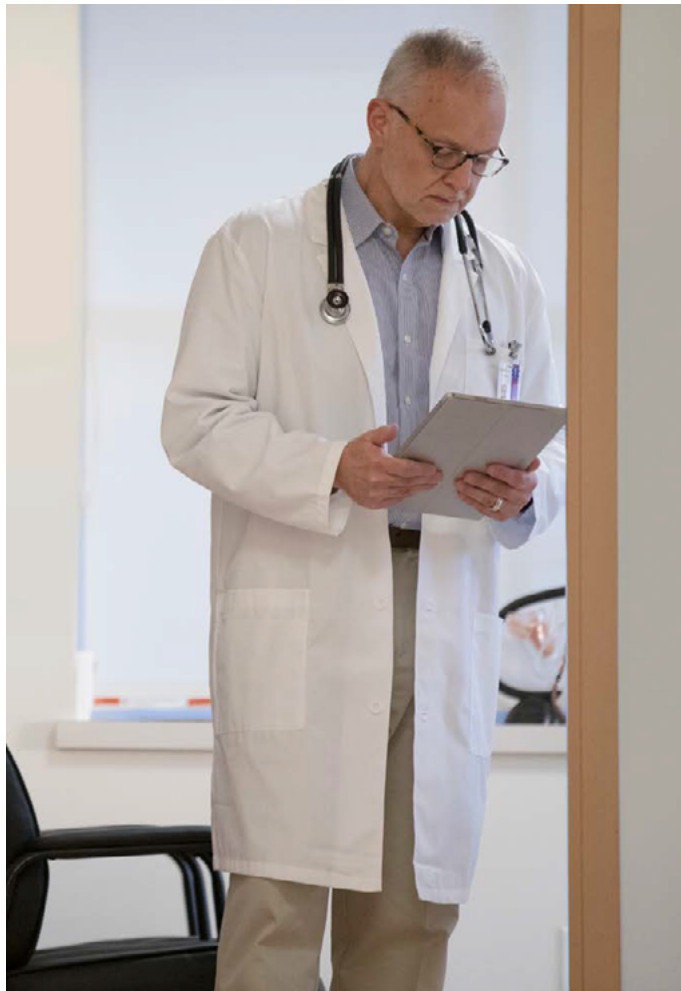
### Network retail pharmacies

Show your member ID card at any OptumRx network retail pharmacy.

Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx), call Member Services or use the app to find network pharmacies.

## About OptumRx home delivery

OptumRx® home delivery is Harvard Pilgrim's mail order pharmacy partner. Our pharmacy care experts are committed to providing safe, easy and cost-effective ways to help you get the medication you need.



## Things to do before your coverage begins

- 1 Set up your **www.harvardpilgrim.org** member account. Once logged in, click “Check drug coverage and costs” to get started with OptumRx home delivery.
- 2 Let your doctor know that OptumRx home delivery is your new mail order pharmacy, and check to see if you have refills remaining on your prescriptions.
- 3 If you are currently using another home delivery service, make sure you have at least a 1-month supply of medication on hand during the transition.

## Things to do after your coverage begins

- 1 Log in to your **www.harvardpilgrim.org** member account. Click “Check drug coverage & costs” to get started with OptumRx home delivery.
- 2 Review your formulary
  - Find out if you need to take action before filling your first prescription.
  - Check for lower-cost options.
- 3 Fill your prescriptions
  - Have your member ID card ready.
  - Use home delivery for maintenance medications, refill reminders and more.

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## Helpful tips

### Know your plan

Your plan may require one or more of the following before you can fill your prescription:

#### **Prior authorization:**

Your plan's approval to get a medication

#### **Step therapy:**

Trying one or more lower-cost medications before another

#### **Quantity limits:**

Getting a certain amount of each prescription

### Talk to your doctor

When you talk with your doctor, use our app to confirm coverage and costs. You can also talk about what you need to do to get your medication.

### Save money on medication

Your formulary is a list of covered medications. The list is broken into sections called tiers (or cost level you pay).

- Choosing medications in lower tiers may save you money.
  - Generic medications usually have lower cost sharing than brand-name medications. Ask your doctor if a generic is right for you.
-



## Questions?

Once your coverage begins



Log in to your  
**[www.harvardpilgrim.org](http://www.harvardpilgrim.org)**  
member account.



Open the OptumRx app.



Call **(855) 258-1561**. For  
TTY service, call **711**.

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Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care  
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# Fill your prescriptions with home delivery.

## How it works

- 1 **Order a 3-month supply** of your maintenance medications — ones you take regularly.
- 2 **OptumRx® home delivery fills your order**, mails it to you and lets you know when to expect your delivery.
- 3 **Your medication arrives** within 4 to 7 days of placing the order. OptumRx home delivery will notify you if there will be a delay in your order.

## Four easy ways to enroll:

- ePrescribe** Your doctor can send an electronic prescription to OptumRx home delivery.
- Online** Log in to your member account at [www.harvardpilgrim.org](http://www.harvardpilgrim.org). Click "Check drug coverage & costs" to go to an OptumRx page where you can set up your mail order account.
- Phone** Call **(855) 258-1561**. For TTY service, call **711**.
- Mail** Complete the attached order form and mail it to **OptumRx, P.O. Box 2975, Mission, KS 66201**.

## The benefits of home delivery



Your medication is delivered right to your mailbox, saving you a trip to the pharmacy.



Your maintenance medication could cost less.



Pay nothing for standard shipping.



Phone, text\* and email reminders help you remember every dose and every refill.

## Manage your medication home delivery on the go.

Starting January 1, 2020, order and track your prescriptions online at [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx) or download and open the OptumRx app.

\* OptumRx home delivery provides this service at no additional cost. Standard message and data rates charged by your carrier may apply.

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OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at [optum.com](http://optum.com).

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FORM NO: NH\_CC9265\_1019

**NEW PRESCRIPTION MAIL-IN ORDER FORM****1 Member and physician information — please use black or blue ink. One form per member.**

Member ID Number

(Additional coverage, if applicable) Secondary Member ID Number

Last Name

First Name

MI

Delivery Address

Apt. #

City

State

ZIP

Phone Number with Area Code

Date of Birth (mm/dd/yyyy)

Gender  
☐ M ☐ F

Email

Physician Name

Physician Phone Number with Area Code

**2 Health history**

**Medication Allergies:** ☐ Aspirin ☐ Erythromycin ☐ Quinolones ☐ Others:  
☐ None known ☐ Cephalosporins ☐ NSAIDs ☐ Sulfa  
☐ Amoxil/Ampicillin ☐ Codeine ☐ Penicillin ☐ Tetracyclines

**Health Conditions:** ☐ Asthma ☐ Glaucoma ☐ High cholesterol ☐ Others:  
☐ None known ☐ Cancer ☐ Heart condition ☐ Osteoporosis  
☐ Arthritis ☐ Diabetes ☐ High blood pressure ☐ Thyroid Disease

Over-the-counter/herbal medications taken regularly:

**3 Payment and shipping information — do not send cash**

Standard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 7 business days. OptumRx will contact you if there will be an extended delay in delivering your medications.

You may log on to **optumrx.com** to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

- ☐ **Ship overnight.** Add \$12.50 to order amount (subject to change).  
☐ **Check enclosed.** All checks must be signed and made payable to: OptumRx.  
☐ **Charge to my credit card on file.**  
☐ **Charge to my NEW credit card.**

New Credit Card Number

Expiration Date (Month/Year)

Visa, MasterCard, AMEX  
and Discover are accepted.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize OptumRx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

**4 Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 2975, Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.**

ORX5633E\_140915

NRX001





Harvard Pilgrim  
Health Care

**"I love that my  
plan comes with  
lots of extras  
that deliver  
more value  
and savings."**

**Programs to help you be well  
and save money.**



The individual shown is representative only. The comment is a composite of sentiments often expressed by our members.

FORM NO: NH\_CC7973\_0420

Once you're a member, register for your member account at [www.harvardpilgrim.org](http://www.harvardpilgrim.org) to learn more about these and other programs that bring you value.

## Be well



### Improve your well-being

Whether you're seeking support for healthy eating, fitness, finances or stress management, our Living Well<sup>SM</sup> Everyday program is packed with tools that let you define your own vision of a healthier you.

Visit [www.harvardpilgrim.org/livingwelleveryday](http://www.harvardpilgrim.org/livingwelleveryday)

### Learn more about managing a health condition

Our nurse care managers are available to help you manage your condition, support your care and improve your quality of life.

Visit [www.harvardpilgrim.org/nursecare](http://www.harvardpilgrim.org/nursecare)

### Coaching you to better health

A Harvard Pilgrim lifestyle management coach can support, educate and motivate you on your way to better health. This service comes at no additional cost and is available to any member age 18 and older.

Visit [www.harvardpilgrim.org/healthcoach](http://www.harvardpilgrim.org/healthcoach)

### Manage stress, increase focus and stay healthy

Explore the basic practices of mindfulness through instructional videos and guided meditation through our *Mind the Moment* program.

Visit [www.harvardpilgrim.org/mindthemoment](http://www.harvardpilgrim.org/mindthemoment)

## Save money



### Stay healthy and save with discounts on products and services

Harvard Pilgrim members can save on a wide range of products and services to help stay healthy and active, including vision, fitness, healthy eating and much more.\*

Visit [www.harvardpilgrim.org/savings](http://www.harvardpilgrim.org/savings)

### Save on tests and procedures – and earn cash rewards

Find care at a lower-cost facility for elective outpatient medical procedures and diagnostic tests using Reduce My Costs and you'll receive a cash reward for using the facility.

Visit [www.harvardpilgrim.org/reducecosts](http://www.harvardpilgrim.org/reducecosts)

### Estimate your health care expenses and compare provider costs

Get an estimate of your out-of-pocket costs before you receive care. Search for hundreds of services and procedures and compare costs for multiple providers.

Visit [www.harvardpilgrim.org/estimatecosts](http://www.harvardpilgrim.org/estimatecosts)

\*The savings programs featured in this flyer are not insurance products. Rather, they are discounts for programs and services designed to help keep members healthy and active. All programs subject to change without advance notice.

Visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org)

Prospective members: (866) 874-0817

Current members: (888) 333-4742

TTY: 711

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



Harvard Pilgrim  
Health Care

# "Accessing behavioral health care is easy with Harvard Pilgrim."

Whether you're currently in treatment and/or looking for more support, your Harvard Pilgrim plan gives you lots of options.

Once your Harvard Pilgrim membership is active, you have access to a vast network\* of behavioral health providers in all 50 states through our partner, United Behavioral Health (UBH).

These providers evaluate and treat general mental health conditions, such as depression and anxiety. This includes therapy — both in-person and "virtual" — and prescribing medication when appropriate and in accordance with regulatory requirements.

Read on for more. ►

\* Please check your Schedule of Benefits for providers available through your plan.

The individual shown is representative only. The comment is a composite of sentiments often expressed by our members.

FORM NO: NH\_CC12008\_0720

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.





## Getting started: accessing behavioral health providers

Log in to [www.harvardpilgrim.org](http://www.harvardpilgrim.org), click **"Find a provider"** at the top of the page and select **"Behavioral Health."** Here you can also filter for **"Virtual Visits"** if that's your preference for care.

### If your membership is active...

you can find a provider online whenever you're ready.

### Not sure if your membership is active?

Review these steps to check and be sure you're all set.

- 1 **No Harvard Pilgrim ID #?**  
Call Harvard Pilgrim's SmartStart team at **(866) 874-0817** for assistance.
- 2 **Got your ID # and just need to set up your online account?**  
It's easy. At [www.harvardpilgrim.org](http://www.harvardpilgrim.org), follow the simple steps after the **"Member Login"** prompt.



### Transition of care benefits: continuing care with a non-participating provider

Once you become an active member of Harvard Pilgrim you may request authorization to continue care with a non-participating provider for a transitional period. Please be aware that authorization must be requested within 30 days of your enrollment effective date. To learn more about your transition of care benefits, please call our Behavioral Health Access Center at **(888) 777-4742**. Licensed care advocates are available to answer your questions and assist you.

If you are not yet active with Harvard Pilgrim, you can still call the Behavioral Health Access Center to check whether or not your current provider is in our network.



### Virtual Visits: get care using your smartphone, tablet or computer

Did you know that Harvard Pilgrim's got you covered for routine behavioral health "virtual" care? Even better, the convenience doesn't cost you more. Find a virtual care provider at [www.harvardpilgrim.org](http://www.harvardpilgrim.org).

Another virtual option — for both routine or occasional behavioral health support — is Doctor on Demand. Get details and set up an account at [www.doctorondemand.com](http://www.doctorondemand.com).

These services are a convenient option for routine care and not meant for emergencies.



### 24/7 support

For non-emergent, routine behavioral health treatment issues, please contact your behavioral health provider. If you have more urgent questions about finding treatment or a behavioral health provider, please call the Behavioral Health Access Center at **(888) 777-4742**. Licensed care advocates answer calls around the clock, seven days a week.

If you are experiencing a crisis or emergency, you should always call **911** or go to the nearest emergency facility right away.

### Get extra support with the Sanvello mobile app



Through our partnership with United Behavioral Health you also have access to the Sanvello mobile app, another resource to help you dial down the symptoms of stress, anxiety and depression — anywhere, anytime. Use the app to track your daily mood, learn coping tools, experience guided journeys, and so much more.

Once downloaded, enter your Harvard Pilgrim ID for complimentary access to the premium version.

You can also access the app at [www.liveandworkwell.com](http://www.liveandworkwell.com). To browse as a guest, use access code: **HPHC**.

Note: Cost-sharing amounts may vary depending on your plan. As always, be sure to review your Schedule of Benefits for complete details about your benefits and coverage.

Getting  
Started

Medical  
Health Plan

Prescription  
Drug Plan

Prescription  
Home Delivery

Programs  
& Savings

Behavioral  
Health

Enrollment  
Form

Summary of  
Benefits

Important  
Information

To enroll, please use the  
fillable, printable PDF file titled  
“**HPHC\_enrollment\_form.pdf**”  
included with this digital kit.

Harvard Pilgrim  
HealthCare

REASONS FOR SUBMISSION (PLEASE CHECK ONE)  
☒ NEW ENROLLMENT/CONTRACT  
☐ CHANGE TO CONTRACT  
☐ TERMINATE CONTRACT

QUALIFYING EVENT DATE: \_\_\_\_\_  
☒ OPEN ENROLLMENT ☐ NEW HIRE ☐ COBRA ☐ LOSS OF INSURANCE  
☐ COURT ORDER ☐ BIRTH/ADOPTION  
☐ P/T TO F/T ☐ MARRIAGE/DIVORCE ☐ MOVED IN/OUT OF SERVICE AREA ☐ DEATH ☐ VOLUNTARY CANCELLATION

REASON FOR CHANGES (CHECK ALL THAT APPLY)  
☐ CHANGE COVERAGE TYPE ☐ ADD DEPENDENT LISTED ☐ TERMINATE DEPENDENT LISTED ☐ TRANSFER/RE-ENROLL TO COBRA  
☐ OTHER: \_\_\_\_\_

EMPLOYER/GROUP INFO (TO BE COMPLETED BY EMPLOYER)  
EMPLOYER/GROUP NAME: ABC Company GROUP NUMBER: 1 2 3 4 5 6 DATE OF HIRE: 4/16/20 EFFECTIVE DATE OF COVERAGE: 4/16/20

SUBSCRIBER INFORMATION  
FIRST NAME: John LAST NAME: Doe DOB: 1/1/1971 GENDER: ☒ M ☐ F  
SSN: 123-45-6789 HOME PHONE: (617) 111-1111 WORK PHONE: CELL PHONE: EMAIL: johndoe@email.com  
STREET ADDRESS (DO NOT MAIL): CITY: STATE: ZIP: POP ID # \_\_\_\_\_  
PRIMARY LANGUAGE (OPTIONAL): POP FULL NAME: POP TOWN: CURRENT PATIENT? ☐ YES ☒ NO

SPOUSE INFORMATION  
SPOUSE FIRST NAME: MI: LAST NAME: DOB: GENDER: ☐ M ☐ F  
SSN: MAILING ADDRESS (IF DIFFERENT): RELATION CODE: \_\_\_\_\_  
POP FULL NAME: POP TOWN: CURRENT PATIENT? ☐ YES ☒ NO POP ID # \_\_\_\_\_

DEPENDENT INFORMATION  
DEPENDENT FIRST NAME: MI: LAST NAME: DOB: GENDER: ☐ M ☐ F RELATION CODE: \_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT): SSN: \_\_\_\_\_  
POP FULL NAME: POP TOWN: CURRENT PATIENT? ☐ YES ☒ NO POP ID # \_\_\_\_\_

DEPENDENT INFORMATION  
DEPENDENT FIRST NAME: MI: LAST NAME: DOB: GENDER: ☐ M ☐ F RELATION CODE: \_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT): SSN: \_\_\_\_\_  
POP FULL NAME: POP TOWN: CURRENT PATIENT? ☐ YES ☒ NO POP ID # \_\_\_\_\_

DEPENDENT INFORMATION  
DEPENDENT FIRST NAME: MI: LAST NAME: DOB: GENDER: ☐ M ☐ F RELATION CODE: \_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT): SSN: \_\_\_\_\_  
POP FULL NAME: POP TOWN: CURRENT PATIENT? ☐ YES ☒ NO POP ID # \_\_\_\_\_

PLEASE CHECK IF USING ADDITIONAL MEMBERSHIP APPLICATIONS FOR DEPENDENT CHILDREN. BE SURE TO COMPLETE EMPLOYER AND SUBSCRIBER SECTIONS ON ADDITIONAL FORMS.

OTHER INSURANCE – IF YOU HAVE NOT COMPLETED THIS SECTION, YOU MAY RECEIVE A FOLLOW-UP QUESTIONNAIRE AND CLAIMS MAY BE DELAYED.  
ARE YOU OR ANYONE LISTED ABOVE COVERED BY ANOTHER HEALTH INSURANCE POLICY AT THE SAME TIME YOUR HPHC POLICY IS IN EFFECT? ☐ YES, PLEASE COMPLETE ☒ NO  
NAME OF OTHER POLICY: EFFECTIVE DATE: EXPIRATION DATE: EMPLOYER OR SUBSCRIBER: \_\_\_\_\_

MEMBERSHIP WILL BECOME EFFECTIVE UPON RECEIPT OF INFORMATION. SUBJECTS UNDER THE PLAN WILL BE EXCLUDED BY YOUR FIDUCIARY OF COVERAGE (COB). \*UNDERSTAND THAT HARVARD PILGRIM MAY OBTAIN MEDICAL AND FINANCIAL INFORMATION TO SUBMIT THE PLAN. FOR AN EXPLANATION OF HOW WE MAY USE OR DISCLOSE YOUR INFORMATION, PLEASE READ YOUR NOTICE OF PRIVACY PRACTICES. WE ARE NOT PROVIDING THIS INFORMATION TO ANY OTHER PARTY. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR EMPLOYER OR HARVARD PILGRIM. IF IT IS A CHARGE TO KNOWLEDGE, PLEASE PROVIDE FALSE INFORMATION OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF OBTAINING THE COMPANY. PENALTIES MAY INCLUDE ABANDONMENT, FINE OR DENIAL OF INSURANCE BENEFITS.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ EMPLOYER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Enrollment form 03/17

ID: MD0000002599  
CODE: 0-SQF

## Schedule of Benefits

### THE HARVARD PILGRIM HMO MASSACHUSETTS

This Schedule of Benefits summarizes your Benefits under The Harvard Pilgrim HMO (the Plan) and states the Member Cost Sharing amounts that you must pay for Covered Benefits. However, it is only a summary of your benefits. Please see your Benefit Handbook and Prescription Drug Brochure (if you have the Plan's outpatient pharmacy coverage) for detailed information on benefits covered by the Plan and the terms and conditions of coverage.

Services are covered when Medically Necessary. Subject to the exceptions listed in the section of the Benefit Handbook titled, "How The Plan Works" all services must be (1) provided or arranged by your Primary Care Provider (PCP) and (2) provided by a Plan Provider. These requirements do not apply to care needed in a Medical Emergency.

You always have coverage for care in a Medical Emergency. A Referral from your PCP is not needed. In a Medical Emergency, you should go to the nearest emergency facility or call 911 or other local emergency number. Your emergency room Member Cost Sharing is listed below under the heading "Emergency Room Care."

We use clinical review criteria to evaluate whether certain services or procedures are Medically Necessary for a Member's care. Members or their practitioners may obtain a copy of our clinical review criteria applicable to a service or procedure for which coverage is requested. Clinical review criteria may be obtained by calling **1-888-888-4742 ext. 38723**.

Your Covered Benefits are administered on a calendar year basis.

General Cost Sharing Features:	Member Cost Sharing:
<b>Coinsurance and Copayments</b>	
	See Covered Benefits below
<b>Deductible</b>	
	None

Benefit	Member Cost Sharing:
<b>Ambulance Transport</b>	
– Emergency ambulance transport	No charge
– Non-emergency ambulance transport	No charge

EFFECTIVE DATE: 07/01/2013

## THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit		Member Cost Sharing:
<b>Autism Spectrum Disorders Treatment</b>		
Professional Services – Coverage for the treatment of Autism Spectrum Disorders is provided for all of the services otherwise covered under your Plan. However, no benefit limit applies to services for the treatment of Autism Spectrum Disorders.	Your Member cost sharing depends upon the type of service provided, as listed in this Schedule of Benefits. For example: For services provided by a physician see “Physician and Other Professional Office Visits.” For services by a Licensed Mental Health Professional see “Mental Health Care (Including the Treatment of Substance Abuse Disorders).” For services by a physical therapist and occupational therapist, see “Rehabilitation Therapy - Outpatient.”	
Applied Behavior Analysis – No benefit limit applies to this service.	\$5 Copayment per visit	
<b>Cardiac Rehabilitation</b>		
	\$5 Copayment per visit	
<b>Chemotherapy and Radiation Therapy — Outpatient</b>		
– Chemotherapy – Radiation therapy	No charge	
<b>Clinical Trials for the Treatment of Cancer</b>		
	Your Member Cost Sharing will depend upon the types of services provided, as listed in this Schedule of Benefits. For example, for services provided by a physician, see “Physician and Other Professional Office Visits.” For inpatient hospital care, see “Hospital – Inpatient Services.”	
<b>Dental Services</b>		
– Emergency Dental Care	Your Member Cost Sharing will depend upon the types of services provided, as listed in this Schedule of Benefits. For example, for services provided in a dentist’s office, see “Physician and Other Professional Office Visits.” For services provided in a hospital emergency room, see “Emergency Room Care.”	
– Extraction of teeth impacted in bone	Your Member Cost Sharing will depend upon the types of services provided, as listed in this Schedule of Benefits. For example, for services provided in a dentist’s office, see “Physician and Other Professional Office Visits.”	
– Preventive Dental Care for children (up to the age of 14)	No charge	
<b>Important Notice:</b> Coverage of Dental Care is very limited. Please see your Benefit Handbook for the details of your coverage.		
<b>Diabetes Services and Supplies</b>		
– Self management and training/diabetic eye examinations/foot care	\$5 Copayment per visit	
– Diabetes equipment	Same as Durable Medical Equipment Member Cost Sharing does not apply to blood glucose monitors or insulin pumps (including supplies) and infusion devices.	
– Pharmacy supplies	Subject to the applicable pharmacy Member Cost Sharing listed in your Outpatient Prescription Drug Schedule of Benefits and on your ID Card. If your Plan does not include coverage for outpatient prescription drugs, then coverage is subject to the lower of the pharmacy’s retail price or a Copayment of \$5 for Tier 1 drugs or supplies, \$10 for Tier 2 drugs or supplies and \$25	

## THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit		Member Cost Sharing:
<b>Diabetes Services and Supplies (Continued)</b>		
		for Tier 3 drugs or supplies. All Copayments are based on a 30 day supply. For information on the drug tiers, please visit our website at <a href="http://www.harvardpilgrim.org/members">www.harvardpilgrim.org/members</a> and select "pharmacy/drug tier look up" or contact the Member Services Department at 1-888-333-4742.
<b>Dialysis</b>		
– Dialysis services		\$5 Copayment per visit
– Installation of home equipment is covered up to \$300 in a Member's lifetime.		No charge
<b>Durable Medical Equipment</b>		
		20% Coinsurance in equipment cost to HPHC, not to exceed a Member's total expense of \$1,000 Member Cost Sharing does not apply to the following: – Respiratory equipment – Oxygen and oxygen equipment
<b>Early Intervention Services</b>		
Limited to a maximum of \$5,200 per Member per calendar year and a lifetime maximum of \$15,600		\$5 Copayment per visit
<b>Emergency Room Care</b>		
		\$30 Copayment per visit This Copayment is waived if admitted to the hospital directly from the emergency room.
<b>Family Planning Services</b>		
		\$5 Copayment per visit
<b>Hearing Aids (for Members up to the age of 22)</b>		
– Limited to \$2,000 per hearing aid every 36 months, for each hearing impaired ear		No charge
<b>Home Health Care</b>		
		No charge
<b>Hospice Services</b>		
		No charge for outpatient services If inpatient services are required please see "Hospital - Inpatient Services" or "Skilled Nursing Facility Care" for Member Cost Sharing details.
<b>Hospital – Inpatient Services</b>		
		No charge
<b>House Calls</b>		
		\$15 Copayment per visit
<b>Human Organ Transplant Services</b>		
		Your Member Cost Sharing will depend upon the types of services provided, as listed in this Schedule of Benefits. For example, for services provided by a physician, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."

## THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit		Member Cost Sharing:
Hypodermic Syringes and Needles		
	Subject to the applicable pharmacy Member Cost Sharing listed in your Outpatient Prescription Drug Schedule of Benefits and on your ID Card. If your Plan does not include coverage for outpatient prescription drugs, then coverage is subject to the lower of the pharmacy's retail price or a Copayment of \$5 for Tier 1 drugs or supplies, \$10 for Tier 2 drugs or supplies and \$25 for Tier 3 drugs or supplies. All Copayments are based on a 30 day supply. For information on the drug tiers, please visit our website at <b>www.harvardpilgrim.org/members</b> and select <b>"pharmacy/drug tier look up"</b> or contact the Member Services Department at <b>1-888-333-4742</b> .	
Infertility Services and Treatments (see the Benefit Handbook for details)		
	Your Member Cost Sharing will depend upon the types of services provided, as listed in this Schedule of Benefits. For example, for services provided by a physician, see "Physician and Other Professional Office Visits."	
Laboratory and Radiology Services		
– Laboratory and x-rays	No charge	
High end radiology – CT scans – PET scans – MRI – MRA – Nuclear medicine services	No charge	
Low Protein Foods		
– Limited to \$2,500 per calendar year	No charge	
Maternity Care		
– Routine outpatient prenatal and postpartum care	No charge	
Please Note: Routine prenatal and postpartum care is usually received and billed from the same Provider as a single or bundled service. Different Member Cost Sharing may apply to any specialized or non-routine service that is billed separately from your routine outpatient prenatal and postpartum care. For example, for services provided by another physician or specialist, see "Physician and Other Professional Office Visits" for your applicable Member Cost Sharing. Please see your Benefit Handbook for more information on maternity care.		
– Routine nursery care for the newborn, including prophylactic medication to prevent gonorrhea and screenings for the following: hearing loss; congenital hypothyroidism; phenylketonuria (PKU); and sickle cell disease.	No charge	
– Hospital inpatient services	No charge	
Medical Formulas		
	No charge	



## THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit		Member Cost Sharing:
Mental Health Care (Including the Treatment of Substance Abuse Disorders)		
Please Note: Your Plan includes the benefits required under the Federal Mental Health Parity Act.		
Inpatient Mental Health Care Services	No charge	
Intermediate Mental Health Care Services <ul style="list-style-type: none"><li>– Acute residential treatment (including detoxification), crisis stabilization and in-home family stabilization</li><li>– Intensive outpatient programs, partial hospitalization and day treatment programs</li></ul>	No charge	
Outpatient Mental Health Care Services <ul style="list-style-type: none"><li>– Mental health care service</li></ul>	Group therapy — \$5 Copayment per visit Individual therapy — \$5 Copayment per visit	
– Detoxification	\$5 Copayment per visit	
– Medication management	\$5 Copayment per visit	
– Psychological testing and neuropsychological assessment	\$5 Copayment per visit	
Ostomy Supplies		
	Same as Durable Medical Equipment	
Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits.)		
– Routine examinations for preventive care, including immunizations	\$5 Copayment per visit	
– Consultations, evaluations and sickness and injury care	\$5 Copayment per visit	
– Administration of allergy injections	\$5 Copayment per visit	
Prosthetic Devices		
	Same as Durable Medical Equipment	
Reconstructive Surgery		
	Your Member Cost Sharing will depend upon the types of services provided, as listed in this Schedule of Benefits. For example, for services provided by a physician, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."	
Rehabilitation Hospital Care		
– Limited to 100 days per calendar year	No charge	
Rehabilitation Therapy - Outpatient		
– Pulmonary rehabilitation therapy	\$5 Copayment per visit	
– Occupational therapy — limited to 90 consecutive days per condition	\$5 Copayment per visit	
– Physical therapy — limited to 90 consecutive days per condition		
Please Note: Outpatient physical and occupational therapy is covered to the extent Medically Necessary for: (1) children under the age of three and (2) the treatment of Autism Spectrum Disorders.		

## THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit		Member Cost Sharing:
<b>Scopic Procedures - Outpatient Diagnostic and Therapeutic</b>		
– Endoscopy and sigmoidoscopy	Your Member Cost Sharing will depend upon where the service is provided as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see "Surgery– Outpatient." For services provided in a physician's office, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."	
– Colonoscopy	No charge	
<b>Skilled Nursing Facility Care</b>		
– Limited to 100 days per calendar year	No charge	
<b>Speech-Language and Hearing Services</b>		
	\$5 Copayment per visit	
<b>Surgery — Outpatient</b>		
	No charge	
<b>Temporomandibular Joint Dysfunction Services (medical treatment only)</b>		
	Your Member Cost Sharing will depend upon where the service is provided as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see "Surgery - Outpatient." For services provided in a physician's office, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital - Inpatient Services."	
<b>Vision Services</b>		
– Routine eye examinations — limited to 1 per calendar year	\$5 Copayment per visit	
– Vision hardware for special conditions (see the Benefit Handbook for details)	No charge	
<b>Voluntary Sterilization</b>		
	Your Member Cost Sharing will depend upon where the service is provided as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see “Surgery– Outpatient.” For services provided in a physician's office, see “Physician and Other Professional Office Visits.” For inpatient hospital care, see “Hospital – Inpatient Services.”	
<b>Voluntary Termination of Pregnancy</b>		
	Your Member Cost Sharing will depend upon where the service is provided as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see “Surgery– Outpatient.” For services provided in a physician's office, see “Physician and Other Professional Office Visits.” For inpatient hospital care, see “Hospital – Inpatient Services.”	
<b>Wigs and Scalp Hair Prostheses (as required by law)</b>		
When needed as a result of any form of cancer or leukemia, alopecia areata, alopecia totalis or permanent hair loss due to injury. – Limited to \$350 per calendar year (see the Benefit Handbook for details)	Same as Durable Medical Equipment	

Getting Started	Medical Health Plan	Prescription Drug Plan	Prescription Home Delivery	Programs & Savings	Behavioral Health	Enrollment Form	Summary of Benefits	Important Information
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THE HARVARD PILGRIM HMO - MASSACHUSETTS

## Notice of Grandfathered Plan Status

Harvard Pilgrim Health Care, Inc. believes this Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your Employer’s benefits office or human resources department. For plans governed by the Employee Retirement Income Security Act (ERISA), (generally these are plans purchased by an employer, other than a governmental entity or a church) you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at **1-866-444-3272** or **[www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)**. This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. For Plans that are not governed by ERISA, you may also contact the U.S. Department of Health and Human Services at **[www.healthreform.gov](http://www.healthreform.gov)**. You may also contact our Member Services Department at **1-888-333-4742** with any questions about which protections apply to your grandfathered health plan.

## Harvard Pilgrim Health Care, Inc. MASSACHUSETTS HMO General List of Exclusions

The following list identifies services that are generally excluded from Harvard Pilgrim HMO Plans. Additional services may be excluded related to access or product design. For a complete list of exclusions please refer to the specific plan's Benefit Handbook.

Exclusion	Description
<b>Alternative Treatments</b>	
	<ol style="list-style-type: none"> <li>1. Acupuncture services, except when specifically listed as a Covered Benefit.</li> <li>2. Acupuncture services that are outside the scope of standard acupuncture treatment, except when specifically listed as a Covered Benefit, including services for preventive, maintenance, or wellness care, thermography, hair analysis, heavy metal screening or mineral studies, massage or soft-tissue techniques, diagnostic services, x-rays or services related to menstrual cramps.</li> <li>3. Alternative, holistic or naturopathic services and all procedures, laboratories and nutritional supplements associated with such treatments.</li> <li>4. Aromatherapy, treatment with crystals and alternative medicine.</li> <li>5. Health resorts, spas, recreational programs, camps, wilderness programs (therapeutic outdoor programs), outdoor skills programs, relaxation or lifestyle programs, including any services provided in conjunction with, or as part of such types of programs.</li> <li>6. Massage therapy.</li> <li>7. Myotherapy.</li> </ol>
<b>Dental Services</b>	
	<ol style="list-style-type: none"> <li>1. Dental Care, except the specific dental services listed as Covered Benefits in the Plan's Benefit Handbook and Schedule of Benefits.</li> <li>2. All services of a dentist for Temporomandibular Joint Dysfunction (TMD).</li> <li>3. Extraction of teeth, except when specifically listed as a Covered Benefit.</li> <li>4. Preventive dental care for children, except when specifically listed as a Covered Benefit.</li> <li>5. Dentures.</li> </ol>
<b>Durable Medical Equipment and Prosthetic Devices</b>	
	<ol style="list-style-type: none"> <li>1. Any devices or special equipment needed for sports or occupational purposes.</li> <li>2. Any home adaptations, including, but not limited to home improvements and home adaptation equipment.</li> <li>3. Myoelectric and bionic arms and leg, except when specifically listed as a Covered Benefit.</li> <li>4. Non-durable medical equipment, unless used as part of the treatment at a medical facility or as part of approved home health care services.</li> <li>5. Repair or replacement of durable medical equipment or prosthetic devices as a result of loss, negligence, willful damage, or theft.</li> </ol>

Exclusion	Description
<b>Experimental, Unproven or Investigational Services</b>	
	1. Any products or services, including, but not limited to, drugs, devices, treatments, procedures, and diagnostic tests that are Experimental, Unproven, or Investigational.
<b>Foot Care</b>	
	<ol style="list-style-type: none"> <li>1. Foot orthotics, except for the treatment of severe diabetic foot disease or when specifically listed as a Covered Benefit.</li> <li>2. Routine foot care. Examples include nail trimming, cutting or debriding and the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Members with diabetes.</li> </ol>
<b>Maternity Services</b>	
	<ol style="list-style-type: none"> <li>1. Delivery outside the Service Area after the 37th week of pregnancy, or after you have been told that you are at risk for early delivery.</li> <li>2. Planned home births.</li> <li>3. Routine pre-natal and post-partum care when you are traveling outside the Service Area.</li> </ol>
<b>Mental Health Care</b>	
	<ol style="list-style-type: none"> <li>1. Biofeedback.</li> <li>2. Educational services or testing, except services covered under the benefit for Early Intervention Services. No benefits are provided: (1) for educational services intended to enhance educational achievement; (2) to resolve problems of school performance; or (3) to treat learning disabilities.</li> <li>3. Methadone maintenance.</li> <li>4. Sensory integrative praxis tests.</li> <li>5. Services for any condition with only a "V Code" designation in the Diagnostic and Statistical Manual of Mental Disorders, which means that the condition is not attributable to a mental disorder.</li> <li>6. Mental health care that is (1) provided to Members who are confined or committed to a jail, house of correction, prison, or custodial facility of the Department of Youth Services; or (2) provided by the Department of Mental Health.</li> <li>7. Services or supplies for the diagnosis or treatment of mental health and substance abuse disorders that, in the reasonable judgment of the Behavioral Health Access Center, are any of the following: <ul style="list-style-type: none"> <li>• Not consistent with prevailing national standards of clinical practice for the treatment of such conditions.</li> <li>• Not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome.</li> <li>• Typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective.</li> </ul> </li> <li>8. Services related to autism spectrum disorders provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor.</li> </ol>

Exclusion	Description
<b>Physical Appearance</b>	
	<ol style="list-style-type: none"> <li>1. Cosmetic Services, including drugs, devices, treatments and procedures, except for (1) Cosmetic Services that are incidental to the correction of a Physical Functional Impairment, (2) restorative surgery to repair or restore appearance damaged by an accidental injury, and (3) post-mastectomy care.</li> <li>2. Hair removal or restoration, including, but not limited to, electrolysis, laser treatment, transplantation or drug therapy.</li> <li>3. Liposuction or removal of fat deposits considered undesirable.</li> <li>4. Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures).</li> <li>5. Skin abrasion procedures performed as a treatment for acne.</li> <li>6. Treatment for skin wrinkles or any treatment to improve the appearance of the skin.</li> <li>7. Treatment for spider veins.</li> </ol>
<b>Procedures and Treatments</b>	
	<ol style="list-style-type: none"> <li>1. Care by a chiropractor outside the scope of standard chiropractic practice, including but not limited to, surgery, prescription or dispensing of drugs or medications, internal examinations, obstetrical practice, or treatment of infections and diagnostic testing for chiropractic care other than an initial X-ray.</li> <li>2. Spinal manipulative therapy (including care by a chiropractor), except when specifically listed as a Covered Benefit.</li> <li>3. Commercial diet plans, weight loss programs and any services in connection with such plans or programs.</li> <li>4. Gender reassignment surgery and all related drugs and procedures.</li> <li>5. If a service is listed as requiring that it be provided at a Center of Excellence, no coverage will be provided if that service is received from a Provider that has not been designated as a Center of Excellence.</li> <li>6. Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods).</li> <li>7. Physical examinations and testing for insurance, licensing or employment.</li> <li>8. Services for Members who are donors for non-members, except as described under Human Organ Transplant Services.</li> <li>9. Testing for central auditory processing.</li> <li>10. Group diabetes training, educational programs or camps.</li> </ol>



Exclusion	Description
<b>Providers</b>	
	<ol style="list-style-type: none"> <li>Charges for services which were provided after the date on which your membership ends.</li> <li>Charges for any products or services, including, but not limited to, professional fees, medical equipment, drugs, and hospital or other facility charges, that are related to any care that is not a Covered Benefit.</li> <li>Charges for missed appointments.</li> <li>Concierge service fees. (See the Plan's <i>Benefit Handbook</i> for more information.)</li> <li>Follow-up care after an emergency room visit, unless provided or arranged by your PCP.</li> <li>Inpatient charges after your hospital discharge.</li> <li>Provider's charge to file a claim or to transcribe or copy your medical records.</li> <li>Services or supplies provided by: (1) anyone related to you by blood, marriage or adoption, or (2) anyone who ordinarily lives with you.</li> </ol>
<b>Reproduction</b>	
	<ol style="list-style-type: none"> <li>Any form of Surrogacy or services for a gestational carrier.</li> <li>Infertility drugs if a member is not in a Plan authorized cycle of infertility treatment.</li> <li>Infertility drugs, if infertility services are not a Covered Benefit.</li> <li>Infertility drugs that must be purchased at an outpatient pharmacy, unless your Plan includes outpatient pharmacy coverage.</li> <li>Infertility treatment for Members who are not medically infertile.</li> <li>Infertility treatment and birth control drugs, implants and devices.</li> <li>Reversal of voluntary sterilization (including any services for infertility related to voluntary sterilization or its reversal).</li> <li>Sperm collection, freezing and storage except as described in the Plan's <i>Benefit Handbook</i>.</li> <li>Sperm identification when not Medically Necessary (e.g., gender identification).</li> <li>The following fees: wait list fees, non-medical costs, shipping and handling charges etc.</li> <li>Voluntary sterilization, including tubal ligation and vasectomy, except when specifically listed as a Covered Benefit.</li> <li>Voluntary termination of pregnancy, unless the life of the mother is in danger or unless specifically listed as a Covered Benefit.</li> </ol>
<b>Services Provided Under Another Plan</b>	
	<ol style="list-style-type: none"> <li>Costs for any services for which you are entitled to treatment at government expense, including military service connected disabilities.</li> <li>Costs for services for which payment is required to be made by a Workers' Compensation plan or an Employer under state or federal law.</li> </ol>

Exclusion	Description
<b>Types of Care</b>	
	<ol style="list-style-type: none"> <li>1. Custodial Care.</li> <li>2. Rest or domiciliary care</li> <li>3. All institutional charges over the semi-private room rate, except when a private room is Medically Necessary.</li> <li>4. Home health care services that extend beyond care on a short-term intermittent basis.</li> <li>5. Pain management programs or clinics.</li> <li>6. Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation.</li> <li>7. Private duty nursing.</li> <li>8. Sports medicine clinics.</li> <li>9. Vocational rehabilitation, or vocational evaluations on job adaptability, job placement, or therapy to restore function for a specific occupation.</li> </ol>
<b>Vision and Hearing</b>	
	<ol style="list-style-type: none"> <li>1. Eyeglasses, contact lenses and fittings, except as listed in the Plan's Benefit Handbook.</li> <li>2. Hearing aids for self-insured groups, except when specifically listed as a Covered Benefit.</li> <li>3. Refractive eye surgery, including, but not limited to, lasik surgery, orthokeratology and lens implantation for the correction of myopia, hyperopia and astigmatism.</li> <li>4. Routine eye examinations except when specifically listed as a Covered Benefit.</li> </ol>
<b>All Other Exclusions</b>	
	<ol style="list-style-type: none"> <li>1. Any service or supply furnished in connection with a non-Covered Benefit.</li> <li>2. Beauty or barber service.</li> <li>3. Any drug or other product obtained at an outpatient pharmacy, except for pharmacy supplies covered under the benefit for diabetes services and hypodermic syringes and needles, as required by law, unless your Plan includes outpatient pharmacy coverage.</li> <li>4. Food or nutritional supplements, including, but not limited to, FDA-approved medical foods obtained by prescription, except as required by law.</li> <li>5. Guest services.</li> <li>6. Services for non-Members.</li> <li>7. Services for which no charge would be made in the absence of insurance.</li> <li>8. Services for which no coverage is provided in the Plan's Benefit Handbook, Schedule of Benefits or Prescription Drug Brochure.</li> <li>9. Services that are not Medically Necessary.</li> <li>10. Services your PCP or a Plan Provider has not provided, arranged or approved except as described in the Plan's <i>Benefit Handbook</i>.</li> </ol>

Exclusion	Description
<b>All Other Exclusions (Continued)</b>	
	11. Taxes or governmental assessments on services or supplies. 12. Transportation other than by ambulance. 13. The following products and services: <ul style="list-style-type: none"> <li>• Air conditioners, air purifiers and filters, dehumidifiers and humidifiers.</li> <li>• Car seats.</li> <li>• Chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners.</li> <li>• Electric scooters.</li> <li>• Exercise equipment.</li> <li>• Home modifications including but not limited to elevators, handrails and ramps.</li> <li>• Hot tubs, jacuzzis, saunas or whirlpools.</li> <li>• Mattresses.</li> <li>• Medical alert systems.</li> <li>• Motorized beds.</li> <li>• Pillows.</li> <li>• Power-operated vehicles.</li> <li>• Stair lifts and stair glides.</li> <li>• Strollers.</li> <li>• Safety equipment.</li> <li>• Vehicle modifications including but not limited to van lifts.</li> <li>• Telephone.</li> <li>• Television.</li> </ul>

# Prescription Drug Coverage

## PREMIUM 3 TIER

Covered prescription medications are available at participating pharmacies.

	Retail	Mail (up to a 90-day supply)
Tier 1	<b>Up to a 30-day supply:</b> \$5 Copayment <b>Up to a 90-day supply:</b> \$15 Copayment	\$10 Copayment
Tier 2	<b>Up to a 30-day supply:</b> \$10 Copayment <b>Up to a 90-day supply:</b> \$30 Copayment	\$20 Copayment
Tier 3	<b>Up to a 30-day supply:</b> \$25 Copayment <b>Up to a 90-day supply:</b> \$75 Copayment	\$75 Copayment

Visit [www.harvardpilgrim.org/2020Premium3T](http://www.harvardpilgrim.org/2020Premium3T) for participating pharmacy locations and mail order details. Be sure to show your Harvard Pilgrim ID card at the pharmacy to ensure you pay the correct cost-sharing amounts.



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### Language Assistance Services

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انتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1 888-333-4742 (TTY: 711)

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**한국어 (Korean)** '알림: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

**Ελληνικά (Greek)** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

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**ગુજરાતી (Gujarati)** ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

**ພາສາລາວ (Lao)** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄວງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).



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Getting Started	Medical Health Plan	Prescription Drug Plan	Prescription Home Delivery	Programs & Savings	Behavioral Health	Enrollment Form	Summary of Benefits	Important Information
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### General Notice About Nondiscrimination and Accessibility Requirements

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HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St, Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: [civil\\_rights@harvardpilgrim.org](mailto:civil_rights@harvardpilgrim.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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## Important information about your plan

The following information refers to plans offered by Harvard Pilgrim Health Care and its affiliates ("Harvard Pilgrim").

### When you need care

If your doctor admits you to a hospital for a test, surgery or other procedure, including admission for surgical day care, hospital representatives are responsible for notifying Harvard Pilgrim on your behalf. There are a few procedures that require Harvard Pilgrim's authorization, and your doctor is aware of the procedures he/she must discuss with us before they take place.

To find out where our participating doctors admit patients, visit our online directory at [www.harvardpilgrim.org](http://www.harvardpilgrim.org). Or you can call one of the telephone numbers at the end of this document to have one of our representatives assist you.

Harvard Pilgrim requires prior authorization (prospective review of medical necessity and clinical appropriateness) for selected medications, procedures, services and items. The prior authorization process is used to verify member eligibility and facilitate the appropriate utilization of these elective, non-urgent services. Visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org) to see Prior Authorization for Care details.

When you're in the hospital, Harvard Pilgrim's nurse care managers are available to work with your doctors and other providers to ensure that you receive the care you need. They may evaluate the quality and appropriateness of the services you receive, and when you no longer need hospital care, will work with your medical team to coordinate the services you need in an appropriate clinical setting (e.g., at home, or in a skilled nursing or rehabilitation facility).

In situations where Harvard Pilgrim was not notified of services (e.g., when a member was unable to give

insurance information to providers), a post-service review may be completed to evaluate proper use of services or to identify quality of care issues.

### Appeals

You may file a complaint about a coverage decision or appeal that decision with Harvard Pilgrim. For details, see your Benefit Handbook.

To access your Benefit Handbook online, log into your personal account on [www.harvardpilgrim.org](http://www.harvardpilgrim.org), click on More Tasks from your Member Dashboard and select View My Plan Documents under Documents. For assistance, call Member Services at (888) 333-4742.

### Member confidentiality

Harvard Pilgrim values individuals' privacy rights and is committed to safeguarding protected health information (PHI) and personal information (PI). To support this commitment, Harvard Pilgrim has established a number of Privacy and Security policies, including those describing the administration of its privacy and security programs, requirements for staff training, and permitted uses and disclosures of PHI and PI. We may collect, use, and disclose financial and medical information about you when doing business with you or with others. We do this in accordance with our privacy policies and applicable state and federal laws. Harvard Pilgrim also requires its business partners who administer health care coverage to you on our behalf to protect your information in accordance with applicable state and federal laws.

Visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org) or call us for a copy of Harvard Pilgrim's Notice of Privacy Practices.

**MEMBERS:** (888) 333-4742

**NON-MEMBERS:** (800) 848-9995

**TTY:** 711

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U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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Talk to your employer



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Current members: (888) 333-4742  
TTY: 711



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